TITLE XIX REPORT OF EXPENDITURES
ADM CATECORY OF GERMICES

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

CLAIMS

76,635

921,232

285.943

164,123

46,180

37,571

32,954

33,650

11,129

n

n

6,339,010

104,470

183.293

1,487,694

57,938

159,286

397,021

329,831

20.247

5,485

11,543

308,589

141,050

168.922

59.918

9,157

18.876

58,299

24,358

191.598

3,652

2

3,381,688

n

56

SERVICE

Π

446,843

269.880

271,069

670,802

31,848

19,796

105,229

183.018

57,936

1,487,455

18,809,586

2,360,942

159,286

177.657

24,861

208.494

312,173

148,428

212.066

72,845

248,200

492.824

70.086

685,510

81,268

41,953

7.050.770

Π

3.381.687

1,005,040

3,396,384

3.748.779

1,099

Π

16.486.997

PAGE

RUN DATE 06/23/07

TOTAL.

PAYMENT \$322,033,867.26

\$163.983.481.85

\$20,011,955.89

\$424.384.173.75

\$253,411,561.61

\$2,829,441.05

\$36,907.20

\$3.368.77

\$35,370,29

\$91.077.005.72

\$219,428,370.29

\$32,954,935.88

\$4,714,866.97

\$10,671,593,29

\$36,269,745.41

\$3,725,445.84

\$17,165,584,28

\$230,383,561.98

\$7,585,996.84

\$98,181,902,50

\$14,113,831,67

\$9,091,336,20

\$2,974,788.08

\$7,156,677,13

\$40,639,855.96

\$15,545,811.03

\$5,137,101.88

\$1,106,000.91

\$13,478,801,63

\$43,504,722.93

\$8,057,956.16

\$5.378.088.94

\$2,289,190,62

\$3,050,818.51

\$12,934,006.61

\$2,295,574,34

\$5,250,624.76

\$2,133,936,27

\$432,664.15

\$259,601,234.44

\$5,014.25

\$417,109.90

\$0.00

\$0.00

\$3.51-

\$10,166.16-

\$505.67-

\$318.09-

\$709.32

\$n.nn

1

(BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 06/30/07) CATEGORY OF SERVICE RECIPIENTS NUMBER OF IINITS OF

SERVED

84,308

300,799

3

n

q

46

98,783

4.718

3,826

20,290

3.531

1,568

0

n

3

283,362

32,756

360,201

96.412

7,617

190,864

8,445

60,793

61,538

3.530

1,612

139,856

87,173

29.813

21.214

10.255

2,799

10,310

768

926

347

52

786

ADULT PART HOSP 0 ADULT DAY TREATMENT 46 SKILLED NURSING FACILITY 4,210 9,030 110,528 19,917 162,761 4.669.170 2,330 26,238 775,579 47 395 11,549 31.708 2,744,069 160.268 83 91 2,747,336 3,972,484

323,788 84.289

INTERMEDIATE CARE FACILITY INTER CARE MENTAL RETARDA NURSING FAC FOR MENTAL ILL HOME HEALTH LEAD INSPECTION AGENCY PHYSICIAN

IAMM2200-R003 (MR-0-12)

AS OF 06/30/07

INPATTENT

OUTPATIENT

CHILD PART HOSP

DRUG CAPITATION

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

PATTENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

INDIAN HEALTH SERVICES

CHILD DAY TREATMENT

CLINIC SERVICES

MEP CASE MANAGEMENT

LOCAL EDUCATION AGENCY

LAB AND RADIOLOGICAL HABILITATION SERVICES REMEDIAL SERVICES REHAB SUPPORT SERVICES AMBULANCE SERVICES

EARLY ACCESS SERVICES PRESCRIBED DRUGS

FAMILY PLANNING SERVICES IOWA PLAN PROGRAM MANAGED SUBSTANCE ABUSE MENTAL HEALTH ACCESS PLAN EPSDT SCREENING

IAM	M22	00-R003	(MR-O-12)
AS	OF	06/30/07	

ILL & HANDICAPPED WAIVER SVCS

* ALL CATEGORIES *

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 06/23/07

PAGE 2

TOTAL PAYMENT

\$49,729,302.64

\$18,021,489.80

\$30,860,079.63

\$2,491,508,952,58

\$575,891.96-

\$26.46-

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE)

(FISCAL YTD TOTALS AS OF 06/30/07)
(FISCAL TID TOTALS AS OF 00/30/07)

36,695

118,284

1

0

18,574,553 80,503,797

1,165,606

0

0

123,134

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	11,277	241,353	4,210,728

2,728

12,173

2,494

470,880

1